2



	Section 18 Parties	والميد المتك أواجه مية مياهم ما طواع معاالة	FARM	STATEMENT
FOR INSTRUCTIONS, SEE BACK OF FOR CHECK ONE:  This is an initial* Statement of Organization  An initial Statement of Organization must be filed within 10 day making expenditures, or incurring indebtedness exceeding \$75 a change. Penalties may be imposed for late-filed Statements committee that exceeds \$750 in activity for another office shall DR-1 disclosing information concerning the campaign for the new control of the comparison of the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the campaign for the new control of the shall of the sha	ys of the committee of	n. A candidate with an open ays either a new or amended at.	FORM DR-1 (Rev. 01/2006) For Office Use C Comm. # Indexed Audited Computer	OF ORGANIZATION ORIN / 8/84
COMMITTEE NAME + (A candidate's committee must be rends of C.J. Ryan IMPORTANT: Indicate type of committee you are reporting	for			
IMPORTANT: Indicate type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Ca (5) County Candidate (6) City Candidate (7) School Board (10) School Board or Other Political Subdivision PAC (11)	indidate (2)5	I Issue (including committee inve	olved in multiple cit	y/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)		COMMITTEE CHAIR (mane	latory except for a	andidate's committee)
Name ↓ ↓		Name ↓ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	J. RIC	gan
Mailing Address ↓ ↓		Mailing Address ↓ ↓ 2/4	4 Hwy 6	
City, State ↓ ↓ Zip Code ↓ ↓		City, State To Code		2761
Phone ( )		Phone (513) 213-:	tantara.us	
e-Mail INDICATE PURPOSE OF COMMITTEE — Check One I	Boy   Adm	cate for/against candidate(s)	Advocate for ballot is:	sue(s)
INDICATE PURPOSE OF COMMITTEE - Check One in Comment or description:	DOX LL AGVO			
All Candidates Enter: Office Sought:		County/Local Candidates	and Local Ballot Co	mmittees Enter:
Political Party (If applicable)		County:(If active in multiple ballot is	sue elections, attach	list of counties
District:		Date of Election:		
Year Standing for Election:				
Bank Account Name ↓ ↓		Candidate name & Address or	Affiliate, or Sponso	<u>r</u>
Name of Financial Institution/type of Account		Malling Address ↓ ↓		
Mailing Address ↓ ↓		City ↓ ↓	State ↓ ↓	Zip ↓ ↓
manning . Man and .				
City ↓ ↓ State ↓ ↓ Zip	<del>                                      </del>	Phone ( )		
7-	<del>                                      </del>	Phone ( )		
STATEMENT OF AFFIRMATION: By filing this document the  1. The committee and all persons connected with the committee rules in Chapter 351 of the lowa Administrative Code.	understand that	e-Mail	Code chapters 68A and	d 68B and the administrative
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